

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PROVISIONAL APPLICATION FOR PATENT COVER SHEET****This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).****Express Mail Label No.**

<b>INVENTOR(S)</b>					
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)			
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
<b>TITLE OF THE INVENTION (500 characters max)</b>					
<b>Direct all correspondence to:</b> <span style="float: right;"><b>CORRESPONDENCE ADDRESS</b></span>					
<input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>		<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Place Customer Number Bar Code Label here           </div> </div>			
OR		Type Customer Number here			
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<b>ENCLOSED APPLICATION PARTS (check all that apply)</b>					
<input type="checkbox"/> Specification <i>Number of Pages</i> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>		<input type="checkbox"/> CD(s), Number <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>			
<input type="checkbox"/> Drawing(s) <i>Number of Sheets</i> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>		<input type="checkbox"/> Other (specify) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>			
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
<b>METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT</b>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					<b>FILING FEE AMOUNT (\$)</b>  <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees					
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted,

Date

SIGNATURE \_\_\_\_\_

REGISTRATION NO.

TYPED or PRINTED NAME \_\_\_\_\_

(if appropriate)

Docket Number:

TELEPHONE \_\_\_\_\_

**USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT**

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

**PROVISIONAL APPLICATION COVER SHEET**  
*Additional Page*

PTO/SB/16 (02-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Docket Number	
---------------	--

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle [if any])	Family or Surname	Residence (City and either State or Foreign Country)

Number \_\_\_\_\_ of \_\_\_\_\_

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.